

Health System Transformation Lecture

The Healthiest Nation

Introduction

This podcast is presented by the Centers for Disease Control and Prevention. CDC—safer, healthier people.

I'm Fred Sanfilippo, Executive VP for Health Affairs here at Emory. I'm delighted to welcome you all to the very first seminar in this groundbreaking series on health system transformation—not transplantation or transportation—transformation. Somebody in transplantation . . . those words get confused a lot. But co-sponsored by Emory's Institute for Advanced Policy Solutions and the U.S. Centers for Disease Control and Prevention.

I guess the fundamental question is “Why does our health system have to change?” And I would simply say probably three reasons. It's not a system, it's not focused on health, and it's not working. Other than that, it's probably great.

And why is it not working? Well, it's not working for people—millions of people who are uninsured, it's not working for millions of Americans who are suffering from chronic diseases that could have been prevented, it's not working for those folks who could be managed—their chronic disease managed better than it currently is. There are a lot of reasons why it's not working for the people.

It isn't working for business—small, medium, large businesses whose productivity is diminished and whose profits are reduced because of the high cost of health care. And it isn't working for state, federal, local governments faced with the swelling ranks of people needing care and the steeply increasing costs of that care—two trends that are not likely to reverse very soon. And certainly here in Atlanta, we have the very significant case of Grady, as an example of this. So, the system isn't living up to its potential, and that should concern all of us because people's livelihoods, and increasingly their lives, are in the balance.

Now, we stand at the cusp of medicine's unprecedented ability to predict future or ill health, and all of us should be concerned about the health system's capacity to implement new technologies equitably, effectively, and efficiently. Now, in fact, Emory is working to be part of the solution with a vision of the Woodruff Health Science Center of transforming health and healing and of the university in terms of one of its initiatives in predictive health, which is developing in an attempt to develop the methods to accurately predict each individual's risk of disease, response to disease, and response to treatment of disease, based on their unique genetic, phenotypic, behavioral, and environmental characteristics.

Now, as research in this arena progresses, it's ever more important to break the barriers between the laboratory and the community, bridging the gap between discovery and societal, economic, and cultural concepts. And that's the purpose of these seminars. Breaking down these barriers is also the work of Emory's Institute for Advanced Policy Solutions, a group that spans the university and policy domains, including health and healthcare, poverty, and urban governance, immigration, and development.

Now unfortunately, the Policy Institute's Director, Ken Thorpe, could not be with us today. He's been called to California to work on some health system issues for the upcoming election, and he's asked me to send his sincere regrets that he could not be here.

Before I turn this over to Jim for the introduction, I'd like to briefly outline the program. Dr. Gerberding will present for approximately 20 minutes or so, two discussants from Emory's Institute for Advanced Policy Solutions will briefly provide additional insight, then we'll open the floor for questions from you to be moderated, and then we'll end, hopefully at 5:00, after which time you're cordially invited to join us for a reception in the gallery just outside this room.

And now it's my real pleasure to introduce our President, Jim Wagner, who, along with our speaker today, Dr. Julie Gerberding, originated the concept of this seminar series addressing health system transformation. I don't know that Jim needs an introduction in this environment, but he's a well-known scientist and teacher. He became the nineteenth President of Emory University on September 1, 2003. He received his undergraduate degree in Electrical Engineering, University of Delaware, and his PhD in Engineering from Johns Hopkins. Following a distinguished career as an academic faculty member at Hopkins, he served as Dean, Provost, and Interim President at Case Western Reserve University, ironically Dr. Gerberding's alma mater. Throughout his career, Dr. Wagner has worked closely with faculty, students, alumni, and staff to enhance the undergraduate educational experience, to grow research, and to foster more effective partnerships between the academy and local institutions, including government and industry. And this seminar series is another example of his collaborative spirit and visionary leadership. I'd also have to say I'm a representative example of his common mantra of making Emory a destination university, and I'm here because of Jim Wagner. Jim? Thank you.

Thanks, Fred, and I'm glad you're here at Emory University. I add my welcome to Fred's and also from Ken Thorpe, unable to be here today, to this series. This inaugural lecture, in fact, in a series sponsored both by Centers for Disease Control and Prevention and by Emory's Advanced Policy Solutions Institute.

Yes, Dr. Gerberding and I had encountered each other at least once owing to our common intersection at Case Western Reserve University. But it wasn't until we'd gotten together here in Atlanta, and in a couple of our conversations, well, I guess it was impossible not to discuss the need for some visionary leadership to help guide some fundamental transformation in America's health systems—health system such as it is, although as Fred has told us, it's neither a system nor is it about health. Nevertheless, we talked about the need for some transformation in that area. And clearly, the CDC and Emory are positioned uniquely in partnership to help create a nexus for this kind of debate and discussion, informed by research and practice. By that I mean many of the best and brightest are right here in this Clifton corridor area. And in fact some of them, meaning some of you, have taken this idea or took this idea that we ought to have this kind of discussion and debate and have run with it, and the result has been this seminar series, the first installment of which we enjoy today.

And the series is planned to span for the remainder of this year, outlining the challenges and possibilities for transformational change that, in fact, many of the current crop of presidential candidates are expostulating about, but so far, offering too little in the way of substance. Again, if Ken were here, he'd probably scream amen to that. We hope that the series will inform a national debate, offer thoughtful guidance for policy-makers at all levels and in all sectors, as our nation is forced—it's no longer an option—is forced to address the need for health system change.

Now, to encourage—a bit of a sidebar—to encourage more informed expostulation, I'm pleased to announce that the Policy Institute also is sponsoring a student essay contest in conjunction with the series. And we trust that our Emory students will do us proud with new ideas on why it must and how it might be that we should change our health system. So, I encourage all the students in the group here to take up the challenge, write a good essay, and win a buck or two.

And now to the seminar. We are very fortunate to have Julie Gerberding as a neighbor, and we're especially fortunate to have her agree to come be our first speaker. She became the Director of the Centers for Disease Control and Prevention and the Administrator of the Agency for Toxic Substances and Disease Registry on July 3rd of 2002. Since then, her leadership has enabled a transformational change at CDC, fostering interdisciplinary practices that extend the impact of the agency's work. Now, before coming—becoming the CDC Director and the Administrator for the ATSDR, she played a major role in leading CDC's response to the anthrax bioterrorism events in 2001. She joined the CDC in '98, as Director of the Division of Healthcare Quality Promotion in the National Center for Infectious Diseases, where she developed CDC's Patient Policy Initiatives and other programs to prevent infections, antimicrobial resistance, and medical errors in the healthcare setting. Prior to that, Dr. Gerberding was a faculty member at the University of California, San Francisco, UCSF, and directed the Prevention Epicenter, which is a multidisciplinary research, training, and clinical services program that focused on preventing infections from patients and—infection in patients - and in their healthcare providers. So, we are—we at Emory are proud to say, though, that she is still a faculty member—that is, she is a Clinical Professor of Medicine in Infectious Disease here at Emory. Earning a BA Magna cum Laude in chemistry and biology and her MD at Case Western Reserve University in Cleveland, Dr. Gerberding then completed her internship and residency in internal medicine at UCSF, where she served also as the Chief Medical Resident before completing her Fellowship in Clinical Pharmacology in Infectious Diseases at UCSF. This is the short version, by the way, just so you know. She then earned an MPH degree at the University of California at Berkeley in 1990. She is most qualified and I believe it's most appropriate that Emory has been able to entice her to come and kick off this series. Please join me in welcoming Dr. Gerberding - Julie.

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